

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

ORT-1517

First Inventor

KORDIK ET AL.

Title

NOVEL AMIDOALKYL-PIPERIDINE AND AMIDOALKYL
PIPERAZINE DERIVATIVES USEFUL FOR THE
TREATMENT OF NERVOUS SYSTEM DISORDERS

Express Mail Label No.

EF195557749US

(only for new nonprovisional applications under 37 CFR
1.53(b))

APPLICATION ELEMENTS

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231See MPEP Chapter 600 concerning utility patent application
contents.1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 125]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a
computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]

5. Oath or Declaration [Total Pages 4]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☒ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.17. ☐ Other18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be
relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

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New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Mary A. Appollina at:

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21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Mary A. Appollina

Reg. No. 34087

SIGNATURE

Mary A. Appollina

DATE

October 22, 2001

JC952 U.S.

PTO

10/22/01

JC972 U.S. PTO

10/001725

10/22/01

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	KORDIK et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	ORT-1517

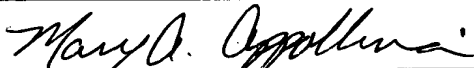
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	18 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 710.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT1517/MAA in the amount of \$710.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT1517/MAA. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Mary A. Appollina	Reg. No. 34087
Signature		Date: 10/22/011
		Deposit Account No. 10-0750

FEE TRANSMITTAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: KORDIK ET AL.

For : NOVEL AMIDOALKYL-PIPERIDINE AND AMIDOALKYL-
PIPERAZINE DERIVATIVES USEFUL FOR THE TREATMENT OF
NERVOUS SYSTEM DISORDERS

Express Mail Certificate

"Express Mail" mailing number: EF195557749US

Date of Deposit: October 22, 2001

I hereby certify that this complete application, including specification pages, claims, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

KAREN HALL-MORGAN

(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan
(Signature of person mailing paper or fee)